



SENSATIONAL SCIENCE CAMP with RUFF RUFFMAN

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Student Age: _____ Grade in School 2018 _____

Current Elementary School: _____

Briefly describe why you would like to attend SENSATIONAL SCIENCE CAMP.

Pick a word to describe yourself and give us a few sentences about why you picked that word.

What is your favorite part of STEM/STEAM and why?

